

TULALIP TRIBES OF WASHINGTON EMPLOYEES' BENEFICIARY DESIGNATION



This form may also be used to change your beneficiary designation at any time. Please return the completed and signed form to your Benefits Department. Additional Beneficiaries may be identified as Primary or Secondary on a separate sheet of paper.

Complete Your Personal Information

Name _____ Social Security # _____

Birth Date _____ Marital Status: ☐ Single ☐ Married ☐ Legally Separated

Beneficiaries for the following Benefits: ☐ Life Insurance ☐ 401K Retirement Plan ☐ LME Pension ☐ FSA Account
☐ Aflac Universal/Term Life Insurance ☐ Allstate Universal/Term Life Insurance
☐ Qualified Retirement with Tulalip Tribes of Washington

Section I: Beneficiary Designation

PRIMARY BENEFICIARY (IES)

If you are legally married and choose a Primary Beneficiary other than your spouse, you must complete Section II, and your spouse must approve and sign the Spousal Consent waiver as witnessed by a notary or your Plan Administrator. Percentages for all Primary Beneficiaries must total 100%.

Name: _____ Relationship: _____
 Address: _____
 Street City State ZIP Code
 Home Phone: _____ Cell Phone: _____
 Birth Date: _____ Social Security #: _____ Percent % _____

Name: _____ Relationship: _____
 Address: _____
 Street City State ZIP Code
 Home Phone: _____ Cell Phone: _____
 Birth Date: _____ Social Security #: _____ Percent % _____

SECONDARY BENEFICIARY (IES) Percentages for all Secondary Beneficiaries must total 100%.

Name: _____ Relationship: _____
 Address: _____
 Street City State ZIP Code
 Home Phone: _____ Cell Phone: _____
 Birth Date: _____ Social Security #: _____ Percent % _____

Name: _____ Relationship: _____
 Address: _____
 Street City State ZIP Code
 Home Phone: _____ Cell Phone: _____
 Birth Date: _____ Social Security #: _____ Percent % _____

If none of my designated beneficiaries are living at the time of my death, or I have not designated a beneficiary, then any distribution of my plan accounts shall be payable to my surviving spouse or, if there is no surviving spouse, then according to plan provisions or State Law.

Participant's Signature _____ Date: _____

Please return your completed and signed form to your Benefits Department

Section II: Spousal Consent (Do not complete this section if your spouse is the sole Primary Beneficiary.)

I hereby consent to the above designation by my spouse of a specific beneficiary other than me under the Plan and I understand that my spouse's election is not valid unless I consent to it, and that my consent to the above-named beneficiary is irrevocable unless my spouse revokes the election. I have read the instructions on the reverse side and understand that by consenting to the above designation, either (i) no benefit from the Plan will be payable to me upon my spouse's death or (ii) only a partial benefit from the Plan will be payable to me upon my spouse's death if a joint primary designation was elected above.

Spouse's Signature: _____ Date: _____

Acknowledgement of Witness (Plan Administrator or Notary Public):

I hereby acknowledge that _____, to me known personally, appeared before me on the _____ day of _____ and subscribed his/her name above and acknowledged to me that he/she did so as his/her free and voluntary act and deed for the uses and purposes set forth in this beneficiary designation form.

Notary Public for the State/Commonwealth of: _____ County of: _____

Notary Signature: _____ Date: _____

My commission expires: _____ Affix seal here:

OR

Plan Administrator Signature